HAWAII ADMINISTRATIVE RULES

TITLE 17

DEPARTMENT OF HUMAN SERVICES

SUBTITLE 12 MED-QUEST DIVISION

CHAPTER 1735

GENERAL PROVISIONS FOR FEE FOR SERVICE MEDICAL ASSISTANCE

§17-1735-1 Purpose. This chapter describes the individuals covered under the State's fee for service component of the medical assistance program. The fee for service program is discussed in the following chapters: chapter 17-1736, provider provisions; chapter 17-1737, scope and contents of the fee for service medical assistance program; chapter 17-1738, targeted case management services; chapter 17-1739, authorization, payment, and claims in the medical assistance program, chapter 17-1740, reimbursement of federally qualified health centers; and chapter 17-1741, utilization control. [Eff 08/01/94; am 02/10/97] (Auth: HRS §346-14) (Imp: HRS §346-14)

§17-1735-2 Definitions. For the purpose of this chapter:

"Fee for service program" means the component within the state administered medical assistance program which reimburses providers for each incident provided. [Eff 08/01/94] (Auth: HRS §346-14) (Imp: HRS §346-14)

§17-1735-3 Individuals covered under fee for service medical assistance. (a) Individuals eligible for the fee for service component under the medical assistance program include but are not limited to:

(1) Those described in chapter 17-1721, Medical Assistance to Aged, Blind and Disabled Individuals;

(2) Those described in chapter 17-1722, Special Medical Assistance Coverages and Programs;

(3) Children under age twenty-one who are residents of the State of Hawaii, receive child welfare services from the department of human services or court, and are placed in another state;

(4) Emergency services for illegal, ineligible, qualified and non-qualified aliens;

(5) Persons who are eligible under QUEST but have not yet been enrolled in participating QUEST health plans;

(6) Blind or disabled children described in chapter 17-1728, QUEST-Net;

(7) Those described in chapter 17-1730, QUEST-spenddown program; and

(8) Those described in chapter 17-1732, coverage of blind or disabled pregnant women and children.

(b) Individuals who are enrolled in health plans participating under QUEST are excluded from the fee for service program. [Eff 08/01/94; am 07/20/95; am 07/06/99] (Auth: HRS §346-14) (Imp: HRS §346-14)

§17-1735-4 Medical assistance identification cards. (a) Persons eligible for medical assistance in the fee for service component, including recipients of financial assistance, shall be issued a medical assistance identification card monthly from the department or the department's fiscal agent until they are found to be ineligible.

(b) The department shall issue temporary medical assistance identification coupons for:

(1) The initial month of eligibility or until a regular monthly medical assistance identification card can be issued;

(2) Outpatient cases involving cost sharing when proof of incurred medical expenses has exceeded the cost sharing amount;

(3) Physical or mental health evaluations required to determine an individual's eligibility for a financial assistance or medical assistance program;
(4) Evaluations required to initiate a foster placement or the return of a child to the child's natural parent;
(5) Applicants who meet the medical assistance emergency processing requirement described in the application provisions of this subtitle;
(6) Applicants for whom a presumption of eligibility is made because of the untimely processing of an application for medical assistance, to include financial assistance applicants; and
(7) Recipients whose eligibility files cannot otherwise be corrected.

(c) The department shall issue a medical assistance identification card to individuals who are eligible for QUEST but have not yet been enrolled in participating QUEST health plans and are eligible for coverage of health care costs on a fee for service basis. [Eff 08/01/94; am 07/20/95; am 07/06/99] (Auth: HRS§346-14; 42 C.F.R. §431.10) (Imp: 42 C.F.R. §435.930)

§17-1735-5 Effective date of authorization. (a) Medical payment for covered services shall be authorized for eligible persons beginning the first day of the month of application.

(b) Payment shall be authorized retroactively for medical care and services received effective the first day of the third month prior to the month of application when:
(1) The applicant's eligibility for medical assistance during the retroactive period is established:
(A) For the purpose of retroactive coverage, applicant includes a deceased individual on whose behalf a request for assistance is made by a relative, friend, or the department's representative after the individual's death; and
(B) The application form for a deceased individual shall be signed by the relative, friend, or the department's representative;

(2) Part or all of the applicant's medical bills remain unpaid;

(3) The expenses incurred by the applicant were for medical care and services within the scope of services covered under the department's medical assistance program and the department's medical consultant has approved the care received as medically necessary; and

(4) The care and services have been provided by an eligible participating provider.

[Eff 08/01/94] (Auth: HRS §346-14; 42 C.F.R. §431.10) (Imp: 42 C.F.R. §§435.914, 440.10, 440.20, 440.30, 440.40, 440.50, 440.60, 440.70, 440.80, 440.90, 440.100, 440.110, 440.120, 440.130, 440.140, 440.150, 440.160, 440.165, 440.170, 440.180, 440.181)